DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER RICHAND BEAN BLOSSOM HEALTH CARE CENTER SYNTHE STREET ADDRESS, CITY, STATE, 2P CODE SYNTHY SR AS ELLETTSVILLE, IN 47429 (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 3/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483-70(a). Survey Date: 05/20/13 Facility Number: 100256410 At this PSR survey, Richland Bean Blossom Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid. 42 CFR Subpart 483-70(a). Life Safety Forn Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupances and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully synnikized. The facility has the capacity for 79 residents and had a census of 65 at the time of this survey. All areas with customary access to residents were sprinklered except the detached smoke hut. All areas providing facility services with the ALBORATORY DIRECTORS OR PROVIDERS PLAN CECORAGITORY STREET ADDRESS, CITY, STATE, 2P CODE STRING PROVIDERS, CITY, STATE, 2P CODE STATE ADDRESS, CITY, STATE, 2P CODE STATE ADDRESS, CITY, STATE, 2P CODE STATE AT A 17428 CROSS REFERENCES CITY, STATE, 2P CODE STATE AND AT A 17428 CROSS REFERENCES CITY, STATE, 2P CODE CROSS REFERENCES CITY, STATE CROSS RE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
MANE OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER STREET ADDRESS, CITY, STATE, JIP CODE 991 W STA 66 SIN NS TA 66 PROFINE IN TAXABOR CORRECTION (K 000) INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 3/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/20/13 Facility Number: 000558 Provider Number: 155623 Alm Number: 100266410 Surveyor: Bridget Brown, Life Safety Code Specialist At this PSR survey, Richland Bean Blossom Health Care Center was found in compliance with Requirements for Participation in Medicare/Medical, 42 CFR Subpart 483.70(a), Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 LAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklend. The facility has a fire alarm system with hardwired smoke detection in the condors and spaces open to the confidors. All resident rooms were equipped with battery powered smoke detectors. The facility has the capacity for 79 residents and had a census of 65 at the time of this survey. All areas with customary access to residents were sprinklered except the detached smoke but. All areas providing facility services with the	155523			B. WING	B. WING				
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	I ABORATORY	•		PF		TITI F		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
155523			B. WING			R 05/20/2013		
	ROVIDER OR SUPPLIER D BEAN BLOSSOM HEA	LTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	exception of three del buildings were sprinkl	rached general storage ered. x Brashear, Life Safety Code	{K (000}				